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	STATE	MENT UNDER 37 CFR 3.	73(b)
Applicant/Patent Ow	vner: Advanced Financial Soluti	ions, Inc.	
Application No./Pate		Filed/Issue	Date: August 15, 2006
Titled: CHARAC			EM FOR PROCESSING CHECKS WITH
Advanced Financia	al Solutions, Inc	, a corporation	
(Name of Assignee)		(Type of Assignee, e.g., co	orporation, partnership, university, government agency, etc.
states that it is:			
1. X the assignment	gnee of the entire right, title, and in	terest in;	
2. an assig	nee of less than the entire right, tit ent (by percentage) of its ownersh	le, and interest in ip interest is%);	or
3. the assignment	gnee of an undivided interest in the	entirety of (a complete assig	nment from one of the joint inventors was made)
the patent application	on/patent identified above, by virtue	e of either:	
the Unit	gnment from the inventor(s) of the ed States Patent and Trademark C erefore is attached.	patent application/patent iden office at Reel 014537	tifled above. The assignment was recorded in, Frame 0769, or for which a
OR  B. A chain	of title from the inventor(s), of the p	patent application/patent iden	tified above, to the current assignee as follows:
1. From	n:	To: _	
	The document was recorded in t		
	Reel,	Frame	, or for which a copy thereof is attached.
2. Fror	m:	To:	
	The document was recorded in	the United States Patent and	Trademark Office at
	Reel	Frame	, or for which a copy thereof is attached.
3. From	m:	To:	
	The document was recorded in		
			, or for which a copy thereof is attached.
Addition	onal documents in the chain of title		
or concurrer	ntly is being, submitted for recordat	ion pursuant to 37 CFR 3.11.	n of title from the original owner to the assignee was
[NOTE: A se accordance	eparate copy (i.e., a true copy of to with 37 CFR Part 3, to record the	he original assignment docur assignment in the records of t	nent(s)) must be submitted to Assignment Division i the USPTO. <u>See</u> MPEP 302.08]
The undersigned (	whose titletis supplied below) is au	thorized to act on behalf of th	e assignee.
1 (Jer	with blue	<u> </u>	February / 7 , 2011  Date
Signature		1	
Jeffrey A. Berkov	vitz		Reg. No. 36,743

Printed or Typed Name This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioners associated with the Customer Number:    Practitioners associated with the Customer Number:   96,592	l hereby re 37 CFR 3.	voke all pr 73(b).	evious powers of attorney	given in the	appli	cation identified in	the at	tached sta	tement under				
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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned agrow with 37 cPR 3.73(b).  Please change the correspondence address for the application identified in the attached statement under 37 cFR 3.73(b) to:    The address associated with Customer Number:   96,592	OR												
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned any to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordina with 37 CFR 3.73(b).  Please change the correspondence address for the application Identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number: 96,592    The address associated with Customer Number: 96,592    City													
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Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:    The address associated with Customer Number: 96,592	any and all r	atent applica	tions assigned only to the undersi	ore the United S Igned according	states to the	Patent and Trademar USPTO assignment	records	or assignmen	t documents				
The address associated with Customer Number:  OR  Individual Name Address  City  Country  Telephone  Assignee Name and Address:  Advanced Financial Solutions, Inc. 617 Riverside Avenue Jacksonville, FL 32204  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature  Signature Address:  Signature Address:  Vice President, Senior Intellectual Property Counsel													
The address associated with Customer Number:  OR  Individual Name Address  Oity  State  Zip  Country  Telephone  Email  Assignee Name and Address:  Advanced Financial Solutions, Inc. 617 Riverside Avenue Jacksonville, FL 32204  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this form so used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Recoord  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Recoord  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Date 2 15 1  Telephone 904-357-1791	Fibase Gilaii	ge are conce	portaonos agartes en espera				7						
OR  Firm or Individual Name Address  City State Zip  Country  Telephone Email  Email  Email  Assignee Name and Address: Advanced Financial Solutions, Inc. 617 Riverside Avenue Jacksonville, FL 32204  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of filled in each application in which this Power of Attorney is to be filled.  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee,  SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Date 2 1/5 1/1  Telephone 904-357-1791	The address repositated with Customer Number 96,592												
Address  City  Country  Telephone  Email  Email  Email  Email  Email  Email  Assignee Name and Address: Advanced Financial Solutions, Inc. 617 Riverside Avenue Jacksonville, FL 32204  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of this practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.  Signature  Signature of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  Date 2 15 11  Debbie Segers  Telephone 904-357-1791		e addition as	SOCIALED WILL OCCIONIST THE WAY	L									
Address  City  Country  Telephone  Email  Assignee Name and Address:  Advanced Financial Solutions, Inc. 617 Riverside Avenue Jacksonville, FL 32204  A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.  Signature  Signature Address:  Signature Address:  Accepted Address:  Signature Address:  Accepted Address:  Signature Address:  Accepted Address:													
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Signature         Julian         Julian         Late         2 * [5 - 1]           Name         Debbie Segers         Telephone         904-357-1791           Title         Vice President, Senior Intellectual Property Counsel	SIGNATURE of Assignee of Record  /The individual whose signature and title is supplied below is authorized to act on behalf of the assignee												
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Tile Vice President, Senior Intellectual Property Counsel			0.70					Telephone 904-357-1791					
		Vice President, Senior Intellectual Property Counsel											

The calaction of Information is required by 37 CFR 131, 322 and 13.3. The information is required to obtain or refuir a benefit by the public which is to fit (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.41. This collection is estimated to take 3 minutes to complete, fluctualing galathering, presenting, and authoriting the completed regulations from the USPTO. Time will say depending up to demonstrate the complete fluctuality of the Co FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1459, Alexandria, VA 22313-1450.